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ABSTRACT

One of the developmental challenges that a college student may have to face is the death of a significant other, friend, spouse, relative, child, or parent. This article reviews the literature on the potential effects of bereavement on a college student with respect to Erik Erikson's stage six of psychosocial development (intimacy versus isolation.) Suitable interventions with college students are discussed. These include: (1) education of student services staff and others in relation to the grieving process for all types of losses; (2) encouragement of student interviews by faculty members who deal with death and dying as an academic subject; (3) acknowledgement by counselors that all losses are potentially devastating and significant; (4) establishment of a formal policy concerning death on campus or notification of a familial death; (5) creation of a support group for bereaved persons; (6) special education programs for groups experiencing death or having a bereaved member; (7) assessment of religious values of students and referral to a minister or religiously oriented counselor if religion is a focal point; (8) provision of printed materials for students; (9) awareness by counselors of how clients' death and bereavement concerns can rekindle their own unresolved losses; and (10) attempts by professionals to view the acceptance of death as a potentially positive event in the developmental process. (ABL)

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Bereavement:

Applying Erikson's Theory of Psychosocial Development to College Students

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Running head: BEREAVEMENT

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Abstract

One of the developmental challenges that a college student may have to face is the death of a significant other, friend, spouse, relative, child, or parent. The focus of this article is to examine the potential effects of bereavement on a college student with respect to Erik Erikson's stage six of psychosocial development (Intimacy versus Isolation). Coping strategies specific to college students are discussed based on previous empirical studies and a review of literature. As the presence of suitable interventions may decrease some of the negative consequences of grief, ten institutional or individual interventions or suggestions are provided.

Bereavement:

Applying Erikson's Theory of Psychosocial Development to College Students

Practitioners and administrators in higher education are constantly examining developmental theories which significantly and specifically address the needs of young adults in the traditional college student age span. A variety of theorists address these systematic changes over time and apply their findings to particular models. Stage theorists address a distinct period of time in a person's life when certain challenges need to be met and resolved before that person can move to the next challenge or stage.

Throughout a person's development, certain life events will occur which may inhibit or promote growth. Numerous challenges are inherent in the structure of the college environment, and one of the goals of student services is to give enough support through staffing, programming, and structured interventions to aid students through the process of resolving the challenges.

One of the challenges that a college student (regardless of age, race, sex, religion, or nationality) may have to face is the death of a significant other, friend, spouse, relative, child or parent. The focus of this article is to examine the potential effects of bereavement on a college student with respect to Erik Erikson's stage six of psychosocial development (Intimacy versus Isolation). Suggestions for programming and counseling are addressed.

Erik Erikson and Psychosocial Development

Erik Erikson is classified predominantly as a psychosocial theorist. According to this theory focus, an individual develops through a sequence of stages which ultimately defines the life cycle. In order to manage a

particular life phase, a person needs to move from the previous stage by mastering skills or tasks and forming particular facets of one's "self". To Erikson and other psychosocial theorists, "development follows a chronological sequence; at certain times in life, particular facets of the personality will emerge as a central concern which must be addressed" (Knefelkamp, Parker, & Widick, 1978, p. xi). Although originating from a psychoanalytic circle, Erikson also focused on an individual's external environment, and the positive, adaptive capacities of the human species.

One of the central areas of focus in Erikson's theory is the development of the ego, which is defined as a "selective, integrating coherent agency that bridges inner life and social roles" (Erikson, 1964, p. 148). Basically, the ego makes sense or purpose out of life's experiences. One part of the ego is said to be one's identity, or, who one is and what one stands for. The development of the ego and identity formation both follow the epigenetic principle which indicates a "master plan" or blueprint pattern.

In his theory, Erikson described eight stages of psychosocial development. Each is seen as a particular span of time in the life sequence in which physical growth, social challenges, and a certain amount of cognitive maturation combine to create a specific task or challenge. Although these stages roughly parallel chronological age, this isn't absolutely static. Each stage is described by polar orientations which represent either positive or debilitating ways to deal with the resolution of developmental crises.

Stage six in Erikson's stage theory is the stage which describes psychosocial development of young adulthood. The polar orientations are Intimacy versus Isolation. This stage builds on the previous stage in which the polar orientations are Identity versus Identity Diffusion. Only if a young adult is secure in his or her identity can he or she comfortably establish intimacy with others or with

one's self. Erikson considered intimacy in relation to one's sexual and platonic relationships. Isolation may occur if a person cannot enter completely into an intimate relationship because of fear of losing a significant part of one's identity. In relation to students in the young adult stage, a variety of peer pressures, personal values, and societal expectations bear down upon the student to come to terms with the polar orientations of this stage.

Death and the College Student: Prevalence Statistics

Although an abundance of literature relating to the issues of death, dying, and bereavement has been published, one area addressed fairly infrequently has been the effect of a death on college students. This is unfortunate as nearly twenty years of research statistics consistently support a need for interventions in this area.

It is not unusual to encounter college students who have experienced the loss of one or both parents through death. Prevalence figures have indicated that more than 15% of the children in some populations have lost at least one parent by the time they reach age 16 because of death (Munro & Griffiths, 1969). U.S. Bureau of the Census reports for 1971 and 1986 revealed that the death of a parent had occurred in approximately one out of every twenty families surveyed (U.S. Bureau of the Census, 1971; 1987). Other studies noted higher figures and indicated that the prevalence of parental death varies with socioeconomic status, occupation, and geographical factors (Collins & Sedlacek, 1973). The death of a student's father was reported more than twice as often as death of the mother for the population in the college age group (Munro, 1965). Werner and Jones (1979, p. 253) felt that 10% was a reasonable estimate of parental death for what they considered to be the "economically privileged" group from which college students are drawn.

In 1980 Knott and Crafts estimated that mortality rates for the typical

college age (18-22) population in this country were on the order of just under 2 per 1,000. While it may be considered statistically insignificant, the death of a student peer is not totally unknown, and it does occur with some regularity. On their own campus (The University of Rhode Island- Kingston), Knott and Crafts also noted that within a 3½ year period of time, 25 students died. Those deaths reflected a full range of death causation including six by off-campus automobile accidents, one by on-campus motorcycle accident, one by on-campus suicide, seven by off-campus drownings, one by off-campus airplane accident, two by off-campus homicide, four by long-term illnesses and one by sudden heart failure. All of the deceased were under 30 years of age and only three were under 23 (Knott & Crafts, 1980, p. 30).

Viorst (1986, p. 282) noted that statistics indicate that every year some eight million Americans experience death in their immediate family and approximately 400,000 children die every year before the age of 25.

Healthy or Typical Grief Reactions

Resolution of a loss occurs only when the work or process of grieving has been accomplished. This work or process can also be seen in terms of identifiable and predictable stages. A variety of writers have discussed the nature of this process (Kubler-Ross, 1969; Parkes, 1972; Freese, 1977; Willmer, 1978). All seem to conclude that this process includes shock or numbness, anger that becomes guilt, bargaining, depression, and resolution. These affective reactions all tend to appear at one time or another, and the feelings may be quite obvious or more subtle, depending on the person and the loss. Often irritability, restlessness, helplessness, apathy, or self-questioning indicate that grieving is occurring (Heikkinen, 1979).

Overall intensity tends to vary directly with the degree of commitment or self-interest or self-investment in that which is lost (Parkes, 1972), and

day to day intensity decreases with the time elapsed since the loss occurred. The most intense grief occurs at the beginning. By the time one has reached the resolution stage, grieving tends to occur as temporary resurgences, spaced increasingly farther apart and gradually diminishing in intensity as time progresses.

Grieving is the process of separating oneself from losses for survival, to effect necessary changes in life, and to foster new attachments and commitments. According to Frankl (1965), successful grieving requires accepting the loss as a loss and seeing it as safely in the past. Freese (1977) observed that numbness and shock last up to a week, acute grief (sorrow, anger, guilt and depression) lingers about six months, and resolution may end two to three years after the loss.

In a classic paper, Lindemann (1944) described acute grief reactions as a result of bereavement. The symptoms remained remarkably uniform. These could be precipitated by mentioning the deceased, visits, and by receiving sympathy. Another strong preoccupation is with guilt feelings and self-accusations of negligence and minor omissions. In addition, there is often a loss of warmth in relationships toward others. Six points appear to be common: 1. Somatic distress, 2. Preoccupation with the image of the deceased, 3. Guilt, 4. Hostile reactions, 5. Loss of patterns of conduct and, 6. Appearance of traits of the deceased in the behavior of the bereaved.

Socially Acceptable Grief

The occurrence of a death in society is becoming less common due to increased life spans and modern medicine. When a death occurs it usually is a seclusive or isolated event in a hospital. The disappearance of the extended family has served to separate or shield younger family members from the experience of death and grief. Our society avoids the discussion of death, protects

children from its influence, and is not very supportive of grievers. Paul (1969) theorized that many unhealthy grief reactions are exacerbated by the lack of societal support for, and understanding of, the bereaved person. As normal grief reactions may be unacceptable, the bereaved may find these normal thoughts and feelings overwhelming. Friends, acquaintances, and co-workers often are also at a loss as to ways to show their support and may avoid any interactions with the bereaved. Well-meaning friends may inadvertently encourage the mourner to deny his or her reactions, to "keep a stiff upper lip", or to be strong for the sake of others. Denial of grief almost always leads to a delay and prolongation of bereavement, to more troublesome and inappropriate behavior towards others, and, in extreme cases, to mental illness (Bowlby, 1961; Blank, 1969; Paul, 1969; Parkes, 1965).

Loss and the Establishment of Intimacy

Krinsky (1983) reported that one serious result of loss in early childhood is a defect in object relations which shows itself in an inability to feel close to anyone. Speculating on the origin of this problem, Krinsky noted:

> A portion of affective life in such an individual has ceased to be available for involvement with others. An unconscious connection with a significant loss in early childhood often forms the root of such an arrest in the development of object relations....If ego development and the defense system are insufficient to defend against the painful deprivation, the child may create an ideal father or mother out of wish-fulfilling phantasies. (p. 166-167)

If this behavior may result from an earlier loss, it seems logical that a death may especially have an effect on a person who is in Erikson's stage of Intimacy versus Isolation. According to Erikson's theory, this stage corresponds to what most would consider a college age student.

After experiencing a death in the family, a variety of obstacles face the college student. A return to school (if they were even able to travel or attend the funeral), the distance from home, the need to concentrate on academics, the possible loss of financial and emotional support, the exclusion from the social mainstream, and the concern for the surviving family members, may all influence the students' coping skills. Often peers or student advisors have had no experience with a death themselves and may have no skills to draw upon in support of bereavement counseling. Death is still a taboo topic in many circumstances (although it is improving). People often avoid the bereaved because they are uncomfortable or really have no idea of what to say.

A death involving a student peer also involves complications. The student realizes that often death doesn't discriminate on the basis of age; that in a suicidal situation they "should have done more"; or that they now have no one to talk to or rely on. When the death occurs to a significant other (in an intimate relationship) the student may compensate by proclaiming that "I'll never love anyone ever again" or that "We all need to live for today". These opposing poles reflect the extremes on the Intimacy versus Isolation continuum. While one person may throw him or herself into academics or activities, another may seek isolation and avoid all social contact when possible, and yet another student may seek promiscuous intimacy when and where available.

Intimacy in this context may include sexual intimacy or interpersonal (platonic) intimacy. Often students feel isolated in a university environment and the occurrence of a death often promotes a greater amount of isolation. When a student finds a peer confidant or a counselor to talk to, one problem that might occur is the projection of the deceased's role on this other person.

If the person or helper is aware of the surrogate role and does not foster dependence or infantilize the bereaved, the fulfillment of this role can be helpful and appropriate. The objection usually raised is that the bereaved may become eager to please the therapist, extremely dependent, and unwilling to terminate a counseling relationship. As Werner and Jones (1979) concluded, this may especially be a problem particular to college students.

Other students may fear the grieving process as appearing weak or out of control. Lagrand (1981) surveyed college youth as to their coping mechanisms following loss. The availability of a friend, family member, or significant other was of major importance. Talking about what happened, and expressing feelings were the mechanisms used by a majority of students. Women were more willing to talk about their losses than men. One can easily recognize the difficulties encountered if no peers are available for support. In addition, Lagrand (1981) summarized:

> ....the resolution of loss in the lives of college students revolves around three pivotal problems: initially confronting and dealing with one's emotions, relating those feelings and emotions to others in hopes of gaining understanding, and adapting to an environment without the person or object of loss. The power for resolving loss seems to lie in the strength of the self-image, the quality of interpersonal relationships, and the ability to communicate on an intimate level with others, and feelings of acceptance by friends and family. (p. 247)

In another study (Balk, 1983) two-thirds of the respondents who experienced the death of a sibling said that peer relationships changed after the death. The 50% who indicated worsening relationships attributed it to the peers' uncomfortableness or insincerity with sympathy. Improved relationships were attributed to sharing during a time of intense need.

Suicide: The Ultimate Act of Intimacy?

An issue associated with intimacy and isolation is suicide. Many studies discuss the choice of some bereaved persons to give up living in order to "join" the deceased. If isolation is too great and support systems are too limited, suicide may tend to be more appealing to a person than suffering alone. Adam, Lohrenz, Harper and Streiner (1982) concluded from their survey of college students that subjects with a history of early loss demonstrated significantly more suicide ideation and had more suicide attempts than had subjects from intact homes. A 1984 Institute of Medicine report on bereavement reported correlations between suicide and bereavement as well as increases in alcohol consumption, smoking, and greater use of tranquilizers or hypnotic medications, or both. In reference to this same issue, Stevens, Pfost, and Wessels (1987) stressed that counselors working with bereaved individuals need to assess the coping strategies utilized by clients and to "monitor those clients who are at risk to adjust poorly to their loss, attending closely to joint expressions of meaninglessness and depression" (p. 425).

In conclusion, the presence of suitable interventions in the college environment may decrease some of these complications and enable the student to make decisions based on healthy logic rather than destructive emotions.

Recommendations for Intervention

1. The institution should strive to educate student services staff as well as peer advisors, resident assistants, and other paraprofessional staff members in relation to the grieving process in all types of losses, the needs of the bereaved, and appropriate responses. Gade and Kuhler (1980) described a brief death education unit incorporated in a counseling practicum course for students planning careers in student personnel and counseling. Rosenthal and Terkelson (1978), and Rosenthal (1981) discussed the importance of training

in death education for counselors and counselor educators.

2. Academic areas or departments should encourage student interviews by faculty members in sociology, psychology, family environment, or health education programs which deal with death and dying as an academic subject. Students who register are often substituting such a course for personal counseling following a personally related or significant death (Doka, 1981-82; Leviton, 1985).

3. As the traditional college student population is rapidly changing, the effects of a death and other losses on adult students, international students, and students with a variety of religious and personal orientations need to be understood and addressed. Often, students won't choose to speak to a "counselor", so any professional may take on a "counselor role" regardless of formal academic preparation or credentials. Calvin and Smith (1986) warned counselors about the hazards of allowing personal biases and prejudices to discount losses experienced by counselees. Counselors must acknowledge all losses as potentially devastating and significant. Projection of the counselor's own values is destructive to such situations and can jeopardize the counseling process.

4. A specific institutional policy and information dissemination system needs to be formalized concerning a death on campus or notification of a familial death. Such a policy may decrease the probability of embarassing mistakes, and expresses an institutional sensitivity to a devastating event (Donahue, 1977; Knott & Crafts, 1980; Crafts, 1985; Halberg, 1986).

5. A support group for bereaved persons should be instituted on an informal but full-time basis. One such program, "Students Without Parents" was formed for a subgroup of a sociology class addressing death and dying. The students wanted a format where they could discuss the topic openly "without people

thinking you're morbid" (Chenard, 1976, p. 281). Schwab (1986), Johnson (1986), and Alexander and Harman (1988) have described additional support group types of programs for survivors. Price, Omizo and Hammett (1986) described a counseling group for clients with AIDS.

6. A special educational program could be formed for specific residence hall groups or Greek houses which have experienced the loss of a member or have a bereaved house member. This may encourage support, appropriate responses, and foster an environment which facilitates intimacy and discourages isolation. One effective example is the Death Response Team implemented at the University of Minnesota (Rickgarn, 1987).

7. Sklar and Huneke (1987-88) discussed societal changes concerning the declining involvement of the organized church in funerals and providing support to the bereaved. However, for some persons, religion provides a very logical source of strength, hope and comfort. Counselors or student services staff persons need to be able to assess the values of bereaved persons, and if religion would be a focal point, refer the bereaved to a minister or religion oriented counselor. If they are uncomfortable or unfamiliar with such values, the counseling relationship could be ineffective or destructive.

8. Counseling centers, health services, or other student services offices could provide booklets, brochures, and other free educational materials that students could pick up and read at their discretion. Additional local or on-campus sources of referral should be printed on the materials for further assistance. The American College Health Association (1984), Life Skills Education (1986), The Center for Grief Counseling and Education Inc. (1987), and the American Association for Counseling and Development (1988) are possible sources of appropriate publications.

9. Counselors must be aware of how clients' death and bereavement concerns can rekindle their own personal unresolved losses. In a special issue of The Journal of Counseling and Development (1988, October) which focused on critical incidents in counselor development, several situations noted as "critical" concerned death, bereavement and loss. When counselors recognize that such situations may be uncomfortable, personally debilitating or unhealthy, referrals should be immediately initiated.

10. Professionals should learn to view the acceptance of death as a potentially positive event in the developmental process. Koestenbaum (1976) suggested some philosophic values resulting from the acceptance of death:

1. We need death in order to savor life.
2. Death is an "invention" needed and therefore created for the sake of feeling alive.
3. Death puts us in touch with the sense of a real, individual existence.
4. Death makes possible decisions for authenticity-that is, courage and integrity.
5. Death gives us the strength to make major decisions.
6. Death reveals the importance of intimacy in life.
7. Death helps us ascribe meaning to our lives retroactively, a useful concept for older persons.
8. Death shows us the path to self-esteem. It gives us the capacity to do something important. (p. 14)

Conclusion

The view of Erik Erikson focuses on environment as well as psychosocial factors in the development of a person in the young adulthood stage, or stage six. The polar orientations of Intimacy versus Isolation need to be considered

before resolution of identity can occur. This article addressed the potential effects of death and bereavement on the development of a student's personality and interpersonal adjustment with respect to these orientations. Recommendations for institutional and individual or personal interventions were provided to contribute positively to the resolution of grief.

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